

**Division of Social Services
Self-Assessment Review Summary**

Subrecipient Name:

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| | County |
|--|--------|

Date Self Assessment Completed:

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LBL:

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1. List all internal control weaknesses identified on the self-assessment. Each "No" response identifies a potential weakness of fiscal controls and requires an explanation of mitigating controls or a note on planned changes.

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|----------------------------|
| Fill in the shaded blocks: |
|----------------------------|

Number of Weaknesses Noted

Answers:

Section

Control Environment
Human Resources
Accounts Payable
Activities Allowed or Unallowed
Allowable Costs/Cost Principle
Cash Management
Equipment and Real Property Management
Matching, Level of Effort, or Earmarking
Period of Availability of Federal Funds
Procurement, Suspension and Debarment
Program Income
Reporting
Subrecipient Monitoring
Special Tests and Provisions
Day Sheet Training
Single Audit
TOTALS

| # Questions | YES | N/A | NO |
|-------------|-----|-----|----|
| 8 | | | |
| 15 | | | |
| 26 | | | |
| 2 | | | |
| 9 | | | |
| 5 | | | |
| 18 | | | |
| 3 | | | |
| 3 | | | |
| 17 | | | |
| 6 | | | |
| 7 | | | |
| 12 | | | |
| 2 | | | |
| 1 | | | |
| 3 | | | |
| 137 | 0 | 0 | 0 |

Total Weaknesses Noted

| |
|---|
| 0 |
|---|

Explanation of No's marked: All No answers require an explanation of mitigating controls or to note planned changes.

State which questions are marked "No", comments by county on mitigating controls, and any comments by LBL. Insert rows if needed.

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